

PUBLIC NOTICE

Notice is hereby given that the County of Webb Purchasing Department is accepting Request for Proposals for Basic Group Life /AD & D Insurance, Voluntary Group Term Life/ADA & D Insurance, Voluntary Cancer/Supplement Insurance, Voluntary Individual Heart/ Stroke Insurance, Voluntary Group Disability Insurance, Voluntary Air Ambulance, Cafeteria Plan/Enrollment Services

Request for Proposals must be submitted One (1) original and Two (2) copies in sealed envelopes to the Office of the Webb County Clerk. Sealed envelopes must be marked (Sealed-Proposal) with number and services on front lower left-hand corner of envelope.

RFP-2014-05 Basic Group Life /AD & D Insurance, Voluntary Group Term Life/ADA & D Insurance, Voluntary Cancer/Supplement Insurance, Voluntary Individual Heart/ Stroke Insurance, Voluntary Group Disability Insurance, Voluntary Air Ambulance, Cafeteria Plan/Enrollment Services

Request for Proposals will be either hand delivered or mailed to the following location:

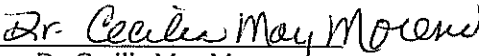
Webb County Clerk
Webb County Justice Center
1110 Victoria St., Suite 201
Laredo, Texas 78042-0029

Proposals must be delivered no later than 2:00p.m. July 25, 2014, at which time all proposals received will be opened and read to the public. Late proposals will have no consideration and will be returned un-open to respective bidder.

Please submit in the format provided in order to expedite or analyze. We will only consider proposals submitted in our format. If any additional information is required please contact, Cynthia Mares at cmares@webbcountytexas.gov or Rosie Rodman at rrodman@webbcountytexas.gov. Deadline for question is June 30, 2014 via email.

Please visit our Web-site for a copy of the proposal and specifications, under purchasing department www.webbcountytexas.gov.

The County of Webb reserves the right to reject any and all proposals or to select the proposal that is in the best interest of Webb County.


Dr. Cecilia May Moreno
Purchasing Agent

Publish: June 19, 2014
June 25, 2014

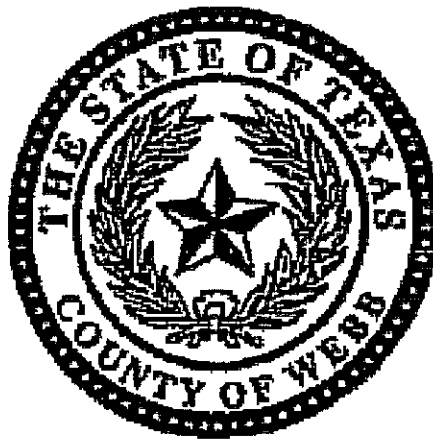
THIS FORM MUST BE INCLUDED WITH RFP-PACKAGE; PLEASE CHECK OFF EACH ITEM AND SIGN

“Sealed Proposal Checklist”

RFP-2014-05 “Basic Group Life/AD &D Insurance; Voluntary Group Term Life /AD & D Insurance; Voluntary Cancer/Supplement Insurance; Voluntary Individual Heart/Stroke Insurance; Voluntary Group Disability Insurance, Voluntary Air Ambulance; and Cafeteria Plan/Enrollment Services”

- ☐ Public Notice
- ☐ Scope of Work Proposal
- ☐ Terms and Conditions (Please read)
- ☐ Conflict of Interest Forms (required)
- ☐ Certification Regarding Debarment (Form H2048) (required)
- ☐ Certification Regarding Federal Lobbying (Form 2049) (required)
- ☐ Proof of No Delinquent Tax Owed to Webb County (required)
- ☐ Proposal Information form (required)
- ☐ References (required)

Signature



Webb County is accepting proposals for:

Basic Group Life/AD&D Insurance
Voluntary Group Term Life/AD&D Insurance
Voluntary Cancer/ Supplement Insurance
Voluntary Individual Heart/Stroke Insurance
Voluntary Group Disability Insurance
Voluntary Air Ambulance
Cafeteria Plan/Enrollment Services
(RFP No. P-2014-05)

Sealed proposals are to be mailed or hand delivered to the attention of the Webb County Clerk, Webb County Justice Center, 1110 Victoria Street, Suite 201, Laredo, Texas 78042-0029 no later than 2:00 P.M. CST, Friday, July 25, 2014 at which time all proposal received will be opened and read to the public.

Please mark your envelope plainly: "Basic Group Life/AD&D Insurance; Voluntary Group Term Life/AD&D Insurance; Voluntary Cancer/Supplement Insurance; Voluntary Individual Heart/Stroke Insurance; Voluntary Group Disability Insurance, Voluntary Air Ambulance; and Cafeteria Plan/Enrollment Services (Proposal #2014-05). Any proposals received after the date and time specified will have no consideration. Webb County is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. Please submit one (1) original and two (2) copies of you proposal. Please submit in the format provided in order to expedite or analyze. We will only consider proposals submitted in our format. Any questions on this Request for Proposal should be submitted via email to Cynthia Mares at cmares@webbcountytexas.gov or Rosie Rodman at rrodman@webbcountytexas.gov. Questions are due no later than Monday, June 30, 2014 at 5:00 P.M. CST.

The awarding of the proposal will take place at a public County Commissioners Court Meeting. The County reserves the right to accept, reject any and/or all proposals, waive minor technicalities, or to award the proposal to the most responsible offer which best serves the interest of the County.

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Mares", is written over the word "Cynthia" in the typed name below.

Cynthia Mares
Director Administrative Services

Table of Contents

Section 1:

General Information	4
Time Table	4
Communication.....	5
Disqualification and Rejection of Proposals.....	5
Legal.....	6
Authorized Signature	6
Selection of Vendor	6
Terms of Agreement.....	7
Enrollment	7

Section 2:

Assumptions for Basic Group Life/AD&D Insurance	8
Basic Group Life/AD&D Insurance Questionnaire	9

Section 3:

Assumptions for Voluntary Group Term Life/AD&D Insurance	12
Voluntary Basic Group Life/AD&D Insurance Questionnaire	13

Section 4:

Assumptions for Voluntary Individual Cancer/Supplement Insurance	16
Voluntary Individual Cancer/Supplement Insurance Questionnaire	17

Section 5:

Assumptions for Heart/Stroke Insurance	20
Heart/Stroke Insurance Questionnaire	21

Section 6:

Assumptions for Voluntary Group/Individual Legal Services	24
Voluntary Group/Individual Legal Services Questionnaire	25

Section 7:

Assumptions for Voluntary Group Disability Insurance	28
Voluntary Group Disability Insurance Questionnaire	29

Section 8:

Assumptions for Voluntary Air Ambulance	32
Voluntary Air Ambulance Questionnaire	33

Section 9:

Assumptions for Cafeteria Plan/Enrollment Services	35
Cafeteria Plan/Enrollment Services Questionnaire	36

Section 10:	
County Required Submittal Forms	39

Section II:

Summary of Benefits	40
---------------------------	----

- Basic Group Life/AD&D Insurance
- Voluntary Group Term Life Insurance
- Voluntary Individual Cancer/Supplement Insurance
- Voluntary Individual Heart/Stroke Insurance
- Voluntary Group/Individual Legal Services
- Voluntary Group Disability Insurance
- Voluntary Air Ambulance
- Cafeteria Plan/Enrollment Services

Section 12:

Underwriting Information.....	41
-------------------------------	----

- Basic Group Life/AD&D Insurance
 - 3 year loss history
 - Census
- Voluntary Group Term Life Insurance
 - 3 year loss history
 - Census
- Voluntary Individual Cancer/Supplement Insurance
 - Census
- Voluntary Individual Heart/Stroke Insurance
 - Census
- Voluntary Group/Individual Legal Services
 - Census
- Voluntary Group Disability Insurance
 - 3 year loss history
 - Census
 - Payroll information
- Voluntary Air Ambulance
 - Census
- Cafeteria Plan/Enrollment Services
 - Flexible Spending Account Census

A. General Information

1. The information contained in these specifications is confidential and is to be used only in connection preparing a proposal for the following insurance services for the following insurance services or insurance coverages:

Basic Group Life/AD&D Insurance; Voluntary Group Term Life/AD&D Insurance; Voluntary Cancer/Supplement Insurance; Voluntary Individual Heart/Stroke Insurance; Voluntary Group Disability Insurance, Voluntary Air Ambulance; and Cafeteria Plan/Enrollment Services.

2. The County reserves the right to accept or reject, in part or in whole, any portion of the proposals, waive minor technicalities, and select the proposal which best serves the interest of the County. The County also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of specifications contained herein. Proposer must include the RFP Submission Forms with its proposal. All costs to be incurred and billed to the County will be firm and included in these forms. Alternate proposals will also be considered, provided that alternatives are clearly explained. All deviations for the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be and express or implied warranty.
5. No telephone or faxed proposals will be accepted. Proposals will be accepted only if delivered in person, by U.S. Postal Service, or by delivery service such as UPS or Federal Express. The County will not be responsible for late deliveries.
6. Vendors are cordially invited to the proposal opening on Friday, July 25, 2014 at 2:00pm, but are not required to attend.

B. Timetable

1. The specifications will be available for proposers on or about Friday, June 20, from Ms. Cynthia Mares, Webb County Risk Management Office at 1110 Washington Street, Laredo, TX 78042-0029. As an alternative, the specifications can be downloaded from the County's website (www.webbcountytexas.gov) – then click on “Public Notices & RFP”).
2. Written Questions about this RFP and requests for additional information shall be provided no later than Monday, June 30, 2014 (see information in C, Communication). The County will not respond to verbal inquires.
3. Valley Risk Consulting, Inc. will make recommendations to the Webb County Insurance Committee on or about Tuesday, August 12, 2014, (or sooner).
4. Proposers must submit one (1) original and two (2) copies (3 complete sets) of the proposal. Proposals should be delivered to the Webb County Clerk, Webb County Justice Center, 1110 Victoria Street, Suite 20, Laredo, TX 78042-0029, by no later than 2:00 P.M. CST on Friday, July 25, 2014, in a sealed envelope.

sealed envelope. Each envelope should be clearly labeled "RFP No. 2014-05 Basic Group Life/AD&D Insurance; Voluntary Group Term Life/AD&D Insurance; Voluntary Cancer/Supplement Insurance; Voluntary Individual Heart/Stroke Insurance; Voluntary Group Disability Insurance, Voluntary Air Ambulance; and Cafeteria Plan/Enrollment Services

C. Communication

1. Requests for clarification or interpretation of the specifications should be submitted, in writing via email or faxed no later than 5:00PM, Monday, June 30, 2014 to:

Ms. Cynthia Mares, Director Administrative Services
Webb County

E-mail: cmares@webbcountytexas.gov
Fax: 956-523-5012

Roger Garza, Consultant
E-mail: roger@vrctx.com
Fax: 877-279-8119

&

Cris Solis, Consultant
E-mail: cris@vrctx.com
Fax: 877-279-8119

2. All such responses will be made in writing. Oral explanations will not be binding
3. Companies submitting proposals shall not discuss this RFP with members of the Insurance Committee or County Commissioners. Communications includes but is not limited to unsolicited literature, email, faxed or phone calls related to any aspect of the RFP. If discussion is necessary, you will be notified in writing. Failure to abide by this requirement will result in disqualification of the company at the discretion of the County.
4. Copies of all correspondence relevant to this assignment will be distributed to all interested participants.
5. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance agreement is awarded, all proposals will be available for public inspection.

D. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

E. Legal

All parties submitting proposals are expected to comply with federal, state and local insurance regulations relative to the preparation and submissions of insurance proposals. Specifically, the service to be provided are expected to be in compliance with the Affordable Care Act (ACA), Americans Disabilities Act (ADA), Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), insurance laws, and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws. In addition, all agreements must not contain any provisions with arbitration or indemnification language that will require Webb County to indemnify any third party. The County and State of venue shall be Webb County, Texas.

F. Authorized Signature

All proposal forms must be signed by person who have the legal authority to bind the insurer to the insurances proposed.

G. Selection of Vendor

Webb County reserves the right to award the subjects of the proposal, in whole or in part, to those proposers who demonstrate professional competence in submitting proposals that satisfy cost, coverage and compliance with insurance regulations, network capabilities, and servicing criteria as contained in the specifications. The insured will consider the merits of each proposal, whether in a consolidated or a fragmented basis. Award will be made to the proposer submitting the lowest, best, and most responsible proposal.

The selection of a proposal for insurance will be made after careful evaluation of the proposals received. Each proposal will be evaluated for acceptability, with emphasis on the various factors enumerated in the table outlined below. Each factor is assigned a numerical score. The scores will be used to develop a list of potential providers with whom negotiations may be conducted.

Evaluations will be based on the following criteria, for which up to 100 points may be awarded. A total evaluation of 60 points will invalidate a proposal.

<u>Criteria</u>	<u>Maximum Points</u>
Servicing Capability	10
Experience with Political Subdivisions	10
Medical Network Capability	20
Enrollment/Website software capabilities	20
Overall Cost	<u>40</u>
Total Possible Points=	100

The County will evaluate the qualification and select the most responsible, responsive proposal subject to a fair and reasonable compensation.

H. Terms of Agreements

Webb County is seeking an agreement for a primary term to commence upon award by the Webb County Commissioners Court effective from January 1, 2014 through December 31, 2015 with the option to renew the agreement for (2) additional one (1) year terms.

Webb County reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the December 31 date on a sixty (60) day notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271-903 to terminate the agreement

The agreement is to contain cancellation provision that provides for sixty (60) day notice of cancellation (except for non-payment) and sixty (60) day notice for non-renewal or material change.

Webb County reserves the right to terminate the agreement at any time for any or no reason. If termination of agreement is necessary, NO termination penalties will be imposed.

I. Enrollment

The selected Vendor will be expected to provide knowledgeable company representative to explain benefit provisions during open enrollment meetings. The selected Vendor will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings.

A. Assumptions for Basic Group Life/AD&D Insurance

1. Proposal is to be based on current benefits as described in the Summary of benefits section of the RFP.
2. AD&D is to be 24 hour coverage
3. Life insurance is to include Waiver of Premium provision for disability prior to attainment of age 60, same as for current life insurance.
4. Life insurance is to include accelerated death benefits for terminal illness.
5. Effective date is October 1, 2014. All participants enrolled in the current group life/AD&D insurance plan as of May 31, 2014, are to be covered on a "no loss/no gain" basis.
6. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.
7. Webb County contribution is 100% for active full-time employees.
8. Coverage for active employees terminates at the time of employment termination. Retirees are not eligible for continued coverage after employment termination.
9. Quote is to be based on enclosed census for 1402 employees.
10. The insurance company must have A.M. Best rating of A- or better.

B. Questionnaire for Basic Group Life/AD&D Insurance

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

Name of Client	Contact Person	Telephone Number	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

a. Where will claims be paid? _____

b. What is the normal claim processing time? _____

c. Describe documentation needed for payment of claim? _____

5. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan?

☐ Yes ☐ No

If so, please describe: _____

6. Describe "guarantee issue" underwriting guidelines:

7. Describe underwriting guidelines for applicants subject to medical review:

8. Describe initial enrollment procedures:

9. **Agent Information** – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: _____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

e. Agent services to be provided: _____

f. For insurance agency representing insurance company, attach the following:

- Background information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agency Texas Insurance License

g. For each agent that will be participating in enrollment meetings, attach the following:

- Biographical Information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agent Texas Insurance License

10. For what period of time are the rates used in the rate table guaranteed?

11. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

Premium Quote:	<u>Insured's</u>	<u>Your</u> <u>Rate</u>	<u>Volume</u>	<u>Monthly Premium</u>
Group Life	1402	_____	\$ 27,950,000	_____
Group AD&D	1402	_____	\$ 27,950,000	_____

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

A. Assumptions for Voluntary Group Term Life/AD&D Insurance

1. Proposal are to be based on current benefits as described in the Summary of benefits section of the RFP. For dependent coverage, higher limits are requested for spouse and children.
2. The County will sponsor only one company for voluntary group life insurance.
3. Services are to include monthly education/enrollment meeting with new employees and annual group education/enrollment with all employees.
4. Webb County is receptive to proposals that offer electronic enrollment.
5. Initial enrollment and group employee education meetings may be allowed prior to or following the scheduled work day, at the discretion of the department director. These meetings should not exceed 20 minutes.
6. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.
7. At the completion of enrollment, the County is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
8. Renewal rates must be received by the County at least 90 days prior to the renewal date.
9. The insurance company must have A.M. Best rating of A- or better.

B. Questionnaire for Voluntary Group Term Life/AD&D Insurance

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

a. Where will claims be paid? _____

b. What is the normal claim processing time? _____

c. Describe documentation needed for payment of claim? _____

5. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan?

☐ Yes ☐ No

If so, please describe: _____

6. Describe "guarantee issue" underwriting guidelines:

7. Describe underwriting guidelines for applicants subject to medical review:

8. Describe initial enrollment procedures:

9. **Agent Information** – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: _____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

e. Agent services to be provided: _____

f. For insurance agency representing insurance company, attach the following:

- Background information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agency Texas Insurance License

g. For each agent that will be participating in enrollment meetings, attach the following:

- Biographical Information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agent Texas Insurance License

10. For what period of time are the rates used in the rate table guaranteed?

11. Is a longer rate guarantee available?

☐ Yes

☐ No

If so, please describe: _____

Webb County Life and AD&D - EZ Quotation Form

RFP # 2014 -05

* ALL RATES SHALL BE QUOTED PER \$1,000 OF BENEFIT AMOUNT AND BASED ON A MONTHLY PREMIUM

Submitter: _____

Rate Guarantee: _____

Note: RATES FOR TERM LIFE ONLY. Do not include Whole Life or other interest sensitive life insurance

	Non-Tobacco Employee		Non-Tobacco Spouse		Non-Tobacco Employee		Non-Tobacco Spouse	
	Male	Female	Male	Female	Male	Female	Male	Female
< 25								
25-29								
30-34								
35-39								
40-44								
45-49								
50-54								
55-59								
60-64								
65-69								
70-74								
75+								

Reduction Schedule:	
@ Age	Percentage
65	
70	
75	
80	

Dependent Benefit		
	Life per 1,000	AD&D per 1,000
Child		

AD & D Benefit	Per 1,000
Employee	
Spouse	

A. Assumptions for Voluntary Individual Cancer Coverage

1. Proposals are desired for a plan of Voluntary Individual Cancer Supplement Insurance. This plan is to meet the requirements of the IRC Section 125 for all benefit provisions. Thus, plans offering a return of premium, or other form of deferred compensation, will not be considered.
2. Other individual insurance plans to be offered through payroll deduction may be considered by the County.
3. The County will sponsor only one company for voluntary individual Cancer Supplement Insurance.
4. Services are to include monthly education/enrollment meetings with new employees and annual group education/enrollment with all employees.
5. Initial enrollment and group employee education meetings may be allowed prior to or following the scheduled work day, at the discretion of the department director. These meetings should not exceed 20 minutes.
6. Webb County is receptive to proposals that offer electronic enrollment.
7. At the completion of enrollment, the County is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
8. Renewal rates must be received by the County at least 90 days prior to the renewal date.
9. New employees and current employees are to have the opportunity to enroll in the County sponsored voluntary individual Cancer Supplement Insurance plan during an open enrollment period on a guarantee issue basis.
10. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.
11. The insurance company must have A.M. Best rating of A- or better.

B. Questionnaire for Voluntary Individual Cancer Supplement Insurance

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

a. Where will claims be paid? _____

b. What is the normal claim processing time? _____

c. Describe documentation needed for payment of claim? _____

5. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan?

☐ Yes ☐ No

If so, please describe: _____

6. Describe underwriting guidelines for take-over of current Insured:

7. Describe "guarantee issue" underwriting guidelines:

8. Will medical underwriting be waived for current insured? ☐ Yes ☐ No
If there are any limitation on complete take-over for all current insured, please describe:

9. Describe underwriting guidelines for applicants subject to medical review:

10. Will waiting period, if applicable, be waived for initial enrollment? ☐ Yes ☐ No

11. Describe initial enrollment procedures:

12. Agent Information – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: _____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

e. Agent services to be provided: _____

- f. For insurance agency representing insurance company, attach the following:

- Background information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agency Texas Insurance License

- g. For each agent that will be participating in enrollment meetings, attach the following:

- Biographical Information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agent Texas Insurance License

13. For what period of time are the rates used in the rate table guaranteed?

14. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

15. Please attach description of Plan that includes the following:
- Schedule of Rates
 - Complete description of benefits
 - Complete description of all limitations and exclusions
 - Specimen policy

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

A. Assumptions for Voluntary Heart/Stroke Insurance

1. Proposals are desired for a plan of Voluntary Heart/Stroke Insurance. This plan is to meet the requirements of the IRC Section 125 for all benefit provisions. Thus, plans offering a return of premium, or other form of deferred compensation, will not be considered.
2. Other individual insurance plans to be offered through payroll deduction may be considered by the County.
3. The County will sponsor only one company for voluntary individual Heart/Stroke Insurance.
4. Services are to include monthly education/enrollment meetings with new employees and annual group education/enrollment will all employees.
5. Initial enrollment and group employee education meetings may be allowed prior to or following the scheduled work day, at the discretion of the department director. These meetings should not exceed 20 minutes.
6. Webb County is receptive to proposals that offer electronic enrollment.
7. At the completion of enrollment, the County is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
8. Renewal rates must be received by the County at least 90 days prior to the renewal date.
9. New employees and current employees are to have the opportunity to enroll in the County sponsored voluntary individual Heart/Stroke Insurance plan during an open enrollment period on a guarantee issue basis.
10. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.
11. The insurance company must have A.M. Best rating of A- or better.

B. Questionnaire for Voluntary Heart/Stroke Insurance

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

Name of Client	Contact Person	Telephone Number	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

a. Where will claims be paid? _____

b. What is the normal claim processing time? _____

c. Describe documentation needed for payment of claim? _____

5. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan?
☐ Yes ☐ No

If so, please describe: _____

6. Describe underwriting guidelines for take-over of current Insured:

7. Describe "guarantee issue" underwriting guidelines:
-
-
8. Will medical underwriting be waived for current insured? ☐ Yes ☐ No
If there are any limitation on complete take-over for all current insured, please describe:
-
-
9. Describe underwriting guidelines for applicants subject to medical review:
-
-
10. Will waiting period, if applicable, be waived for initial enrollment? ☐ Yes ☐ No
11. Describe initial enrollment procedures:
-
-
12. **Agent Information** – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:
- a. Annual percentage of rate for commission: _____
- b. Copy of agent's Errors & Omissions Insurance Certificate _____
- c. Name/Mailing Address for agent: _____
- d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):
-
-
- e. Agent services to be provided: _____
-
-
- f. For insurance agency representing insurance company, attach the following:
- Background information
 - Copy of E&O Insurance Declarations Page or Certificate of Insurance
 - Copy of Agency Texas Insurance License
- g. For each agent that will be participating in enrollment meetings, attach the following:
- Biographical Information
 - Copy of E&O Insurance Declarations Page or Certificate of Insurance
 - Copy of Agent Texas Insurance License

13. For what period of time are the rates used in the rate table guaranteed?

14. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

15. Please attach description of Plan that includes the following:

- Schedule of Rates
- Complete description of benefits
- Complete description of all limitations and exclusions
- Specimen policy

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

A. Assumptions for Voluntary Group/Individual Legal Insurance

1. Proposals are desired for a plan of Voluntary Group/Individual Legal Insurance.
2. The County will sponsor only one company for voluntary group/individual legal insurance.
3. Services are to include monthly education/enrollment meetings with new employees and annual group education/enrollment will all employees.
4. Initial enrollment and group employee education meetings may be allowed prior to or following the scheduled work day, at the discretion of the department director. These meetings should not exceed 20 minutes.
5. At the completion of enrollment, the County is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
6. Renewal rates must be received by the County at least 90 days prior to the renewal date.
7. New employees and current employees are to have the opportunity to enroll in the County sponsored voluntary group/individual legal insurance plan during an open enrollment period on a guarantee issue basis.
8. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.

B. Questionnaire for Voluntary Group/Individual Legal Insurance

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

Name of Client	Contact Person	Telephone Number	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe access to Legal Services:
a. Phone Consultation:

- b. Legal attorney:

- c. Other attorney:

- d. Legal forms:

5. Describe claim payment services:

a. Where will claims be paid? _____

b. What is the normal claim processing time? _____

c. Describe documentation needed for payment of claim? _____

6. Do legal services include the following?
If yes, attach description for each service, including any limitation:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| a. Phone consultation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Attorney letters and phone calls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Contract and document review | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Will preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Trust preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Motor vehicle legal services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Trial defense- Civil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Trial defense- Criminal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. IRS audit legal services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Identity theft | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Will waiting period, if applicable, be waived for initial enrollment? ☐ Yes ☐ No
Comment: _____

8. Describe initial enrollment procedures.

9. Describe educational programs and materials that are provided to enrollees, including electronic enrollment educational material.

10. Agent Information – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: _____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

e. Agent services to be provided: _____

f. For insurance agency representing insurance company, attach the following:

- Background information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agency Texas Insurance License

g. For each agent that will be participating in enrollment meetings, attach the following:

- Biographical Information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agent Texas Insurance License

11. For what period of time are the rates used in the rate table guaranteed?

12. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

13. Please attach description of Plan that includes the following:

- Schedule of Rates
- Complete description of benefits
- Complete description of all limitations and exclusions
- Specimen policy

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

A. Assumptions for Voluntary Group Disability Insurance

1. Proposals are desired for a plan of Voluntary Group short term and long term disability income replacement insurance. Proposal is to be based on current benefits as described in the Summary of Benefits section of this RFP.
2. The disability income replacement plan will not be eligible under the County's IRC Section 125 Cafeteria Plan.
3. The County will sponsor only one company for voluntary group disability insurance.
4. Services are to include monthly education/enrollment meetings with new employees and annual group education/enrollment will all employees.
5. Initial enrollment and group employee education meetings may be allowed prior to or following the scheduled work day, at the discretion of the department director. These meetings should not exceed 20 minutes.
6. Webb County is receptive to proposals that offer electronic enrollment.
7. At the completion of enrollment, the County is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
8. Renewal rates must be received by the County at least 90 days prior to the renewal date.
9. New employees and current employees are to have the opportunity to enroll in the County sponsored voluntary group disability insurance plan during an open enrollment period on a guarantee issue basis.
10. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.
11. Rate change due to age is to occur on policy anniversary date.
12. The insurance company must have A.M. Best rating of A- or better.

B. Questionnaire for Voluntary Group Disability Insurance

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

Name of Client	Contact Person	Telephone Number	Number of Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe Claim Payment Services:

a. Where will claims be paid? _____

b. What is the normal claim processing time? _____

c. Describe documentation needed for payment of claim? _____

5. Do benefits include any type of return of premium provision, or other form of deferred compensation, that would prevent all of insurance premiums from being eligible under IRC Section 125 Cafeteria Plan?

☐ Yes ☐ No

If so, please describe: _____

6. Will rate changes occur on policy anniversary date for the following?

a. Age bracket change due to age increase ☐ Yes ☐ No

b. Benefit change due to salary change ☐ Yes ☐ No

comment: _____

7. Describe the definition of disability:

8. Describe integration/coordination with other sources of income:

a. Sick leave: _____

b. Workers' compensation: _____

c. Other sources of income: _____

d. Minimum benefits provisions: _____

9. Describe "guarantee issue" underwriting guidelines:

10. Will medical underwriting be waived for current insured? ☐ Yes ☐ No

If there are any limitation on complete take-over for all current insured, please describe:

11. Describe underwriting guidelines for applicants subject to medical review:

12. Describe initial enrollment procedures:

13. Agent Information – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: _____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

e. Agent services to be provided: _____

f. For insurance agency representing insurance company, attach the following:

- Background information

- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agency Texas Insurance License

g. For each agent that will be participating in enrollment meetings, attach the following:

- Biographical Information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agent Texas Insurance License

14. For what period of time are the rates used in the rate table guaranteed?

15. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

16. Please attach description of Plan that includes the following:

- Schedule of Rates
- Complete description of benefits
- Complete description of all limitations and exclusions
- Specimen policy

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

A. Assumptions for Voluntary Air Ambulance Plan

1. Proposals are desired for a plan of Voluntary Air Ambulance payroll deduction plan. Proposal is to be based on current benefits as described in the Summary of Benefits section of this RFP.
2. The Voluntary Air Ambulance payroll deduction plan will not be eligible under the County's IRC Section 125 Cafeteria Plan.
3. The County will sponsor only one company for voluntary air ambulance plan.
4. Services are to include monthly education/enrollment meetings with new employees and annual group education/enrollment will all employees.
5. Initial enrollment and group employee education meetings may be allowed prior to or following the scheduled work day, at the discretion of the department director. These meetings should not exceed 20 minutes.
6. Webb County is receptive to proposals that offer electronic enrollment.
7. At the completion of enrollment, the County is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
8. Renewal rates must be received by the County at least 90 days prior to the renewal date.
9. New employees and current employees are to have the opportunity to enroll in the County sponsored voluntary air ambulance plan during an open enrollment period on a guarantee issue basis.
10. The County desires to receive proposals for a one (1) year term with the options to renew for two (2) additional one (1) year terms.

B. Questionnaire for Voluntary Air Ambulance Plan

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Agent Information – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:

a. Annual percentage of rate for commission: _____

b. Copy of agent's Errors & Omissions Insurance Certificate _____

c. Name/Mailing Address for agent: _____

d. Agent's relationship with insurance company (length of time, number of groups, amount of premium):

e. Agent services to be provided: _____

f. For insurance agency representing insurance company, attach the following:

- Background information
- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agency Texas Insurance License

g. For each agent that will be participating in enrollment meetings, attach the following:

- Biographical Information

- Copy of E&O Insurance Declarations Page or Certificate of Insurance
- Copy of Agent Texas Insurance License

5. For what period of time are the rates used in the rate table guaranteed?

6. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

7. Please attach description of Plan that includes the following:

- Schedule of Rates
- Complete description of benefits
- Complete description of all limitations and exclusions
- Specimen policy

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

A. Assumptions for Cafeteria Plan/Enrollment Services

1. Cafeteria plan anniversary date is January 1, 2015.
2. Cafeteria plan flexible benefit administration will begin January 1, 2015.
3. Cafeteria plan initial enrollment will be done during the month of November 2014.
4. Enrollment services are to include on-site enrollment services, with minimum number of enrollers and time period as determined by the County. Prior to enrollment, administrator is to develop a database of insurance coverage for all employees so that enrollers can use lap top computers with portable printer to print out updated election form at the time of enrollment meeting.
5. All services are to be provided on a pure fee for services basis without the sale or marketing of any type of insurance program.
6. Enrollment Services are to include availability of bilingual enrollers.
7. Provider must maintain Professional Liability insurance with limits of at least \$1 million and must be licensed by the Texas Department of Insurance as a Third Party Administrator.
8. County desires administrator to maintain supplemental insurance/membership records for supplemental insurance plans. Administrator will set-up accounting records for each employee's supplemental insurance plan so that the County will receive a monthly report of in-force coverage for each supplemental insurance plan for each participating employee.

B. Questionnaire for Cafeteria Plan Administration

1. Describe organization submitting proposal:

Name of Firm _____

Address _____

Contact Person _____

Telephone Number _____ Email Address: _____

Year Founded _____

2. What is current A.M. Best rating for your Company? _____
(Please include financial size category)

3. Provide four (4) Texas client references (preferably political subdivisions of similar size):

<u>Name of Client</u>	<u>Contact Person</u>	<u>Telephone Number</u>	<u>Number of Employees</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Is the business entity licensed by the state of Texas a Third Party Administrator? ☐ Yes ☐ No

5. Pending lawsuits/claims:

- a. Has the business entity been a defendant in any lawsuit in any state or federal court during the preceding 5 years? ☐ Yes ☐ No
If yes, identify each lawsuit by party, case number, court, subject matter, and disposition.

- b. Does the business entity have any claims filed against it which are unresolved and presently pending before any state of Texas administrative agency? ☐ Yes ☐ No
If yes, please provide a full description of the matter.

6. Financial Information:

- a. Has the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years? ☐ Yes ☐ No
If yes, provide the name of the court and the case number(s).

7. Describe enrollment/communication services:
- Describe educational programs and materials that are provided to enrollees, including electronic enrollment education material:

 - Do you offer electronic enrollment services? ☐ Yes ☐ No
 - If electronic services are offered please describe: _____

8. Describe Flexible Spending Account Services:
- Describe enrollment/communication services (include samples of communication documents). _____

 - Where will claims be paid: _____
 - Can insured speak directly to a claims examiner? ☐ Yes ☐ No
 - Is a toll-free number available? ☐ Yes ☐ No
 - What is the normal claim processing time? _____
 - Will you accept a claim submission by fax or other electronic transmission? ☐ Yes ☐ No
9. Describe banking arrangements: _____

10. Will employees have account access via a website? ☐ Yes ☐ No
11. Do you offer debit card services? ☐ Yes ☐ No
12. **Agent Information** – The District prefers the insurance company to submit one (1) proposal through the agent selected by the insurance company. Please provide the following information for the agent selected by the insurance company. However, if multiple agents are used, please provide the following information for each agent:
- Annual percentage of rate for commission: _____
 - Copy of agent's Errors & Omissions Insurance Certificate _____
 - Name/Mailing Address for agent: _____
 - Agent's relationship with insurance company (length of time, number of groups, amount of premium):

 - Agent services to be provided: _____

 - For insurance agency representing insurance company, attach the following:
 - Background information
 - Copy of E&O Insurance Declarations Page or Certificate of Insurance
 - Copy of Agency Texas Insurance License
 - For each agent that will be participating in enrollment meetings, attach the following:
 - Biographical Information
 - Copy of E&O Insurance Declarations Page or Certificate of Insurance
 - Copy of Agent Texas Insurance License

13. Attach the fee structure for the following services:
- a. Premium only
 - b. Flexible Spending Account
 - c. Enrollment/Communication
 - d. Supplemental Insurance Accounting/Membership Records
 - e. Debit Card

14. For what period of time are the rates used in the rate table guaranteed?

15. Is a longer rate guarantee available? ☐ Yes ☐ No

If so, please describe: _____

Company Name

Authorized Signature

Address

Type Signatory's Name & Title

Telephone Number

Agent Name

Fax Number

Agent Address

Date

COUNTY OF WEBB

Terms and Conditions of Invitations for Bids/Proposals

1. GENERAL CONDITIONS:

Proposers/Bidders are required to submit their proposals upon the following expressed conditions:

- (A) Proposers shall thoroughly examine the scope of work and layouts, instructions and all other contract documents.
- (B) Proposers shall make all investigations necessary to thoroughly inform themselves regarding plant and facilities for delivery of materials and equipment as required by the bid conditions. No plea of ignorance by the bidder of conditions that exist or that may hereafter exist as a result of failure to fulfill in every detail the requirements of the contract documents of the County or the compensation of the vendor.
- (C) Proposers is advised that all County contracts are subject to all legal requirements provided for in county, state and federal statutes and regulations.

2. PREPARATION OF BIDS/PROPOSALS:

Proposals will be prepared in accordance with the following:

- (A) Unit prices shall be shown and where there is an error in extension of prices, the unit price shall govern.
- (B) Alternate bids will not be considered unless specifically requested within the proposal package.
- (C) Proposed Period of Performance (POP) must be shown and shall include Sundays and holidays.
- (D) Bidders will not include Federal taxes or State of Texas limited sales excise and use taxes in bid prices since the County of Webb is exempt from payment of such taxes. An exemption certificate will be signed where applicable upon request.

3. DESCRIPTION OF SUPPLIES:

Any catalog or manufacturer's reference used in describing an item is merely descriptive, and not restrictive, unless otherwise noted, and is used only to

indicate type and quality of material. Bidders are required to state exactly what they intend to furnish otherwise they shall be required to furnish the items as specified.

4. SUBMISSION OF BIDS/PROPOSALS:

- (A) Bids/Proposals and changes thereto shall be enclosed in sealed envelopes addressed to the Webb County Clerk. The name and address of the bidder, the date of the proposal opening and the material or service bid on shall be placed on the outside of the envelope.
- (B) Bids/Proposals must be submitted in the forms furnished. Electronic bids/proposals will not be considered. Bids/Proposals, however, may be modified by written notice provided such notice is received at the County Clerk's Office before the time and date set for the proposal opening.
- (C) Samples, when required, must be submitted within the time specified, at no expense to the County of Webb. If not destroyed or used up during testing, samples will be returned upon request at the proposer expense.

5. REJECTION OF BIDS/PROPOSALS:

- (A) The Purchasing Agent may reject a bid/proposal if it is deemed to be non responsive and/or provided by not responsible bidder/proposer.
- (B) No bid/ proposal submitted herein shall be considered if the proposer owes any delinquent taxes to the County of Webb at the time proposals are opened. In the event that the successful proposer herein subsequently becomes delinquent in the payment of his or its County taxes, such fact shall constitute grounds for cancellation of the contract.
- (C) No bid/proposal submitted herein shall be considered unless the bidder/proposer warrants that upon execution of a contract with the County of Webb, the bidder/ proposer will not engage in employment practices which have the effect of discriminating against employees or prospective employees because of race, color, sex, creed, disability, or national origin and will submit such report as the County may thereafter require to assure compliance.
- (D) The County may, however, reject all proposals whenever it is deemed in the best interest of the County to do so, and may reject any part of a bid. County may also waive any minor informalities or irregularities in any bid.

6. WITHDRAWAL OF BIDS/PROPOSALS:

Bids/Proposals may not be withdraw after the closing time and date.

7. LATE BIDS/PROPOSALS OR MODIFICATIONS:

Bids/Proposals and modifications received after the time set for the proposal submission will not be considered.

8. CLARIFICATIN OR OBJECTION TO PROPOSAL SPECIFICATIONS:

If any person contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications, or other bid/proposal documents or any part thereof, the bidder/proposer may submit to the Purchasing Agent on or before five days prior to scheduled opening a request for clarification. All such requests for information shall be made in writing and the person submitting the request will be responsible for its prompt delivery. Any interpretation of Webb County proposal package specification instructions, if made, will be made only by Addendum duly issued. A copy of such Addendum will be posted on the web-site and email to the vendors list that have received email copy of package. The County will not be responsible for any other explanation or interpretation made or given prior to the award of the contract. Any objections to the specifications and requirements as set forth in this proposal must be filed in writing with the Purchasing Agent on or before five days prior to the scheduled opening.

Where there is a question that will not lead to an addendum, the questions will be made in writing to the Purchasing Department. The answer will be in writing posted on the website for everyone to receive the same response.

9. DELINQUENT TAXES:

All vendors seeking to do business with Webb County must owe no delinquent taxes to the County. Attestation of owing no delinquent taxes will be required. If a vendor owes taxes to Webb County, those taxes should be paid before submitting a proposal.

10. AWARD OF CONTRACT:

- (A) The contract will be awarded to the best qualified according to the bid/proposal criteria and a written award letter will be issue.
 - (1) Award of a bid/proposal requires formal approval by the Commissioners Court.
 - (2) Bid/Proposal contract must also be approved by the Commissioners Court.
 - (3) The written notice to proceed will be for construction contracts provided after all contract documents are signed.

- (D) Prices must be quoted F.O.B. Webb County with all transportation charges prepaid, unless otherwise specified in the Invitation for Bids/Proposals.
- (E) Delivery time will be considered in breaking of tie proposals.
- (F) Period of Performance will commence with written Notice to Proceed.

11. BID BOND

A bid bond in the amount of 5% of the Bid/Proposal issued by an acceptable surety company shall be submitted with each bid. A certified check or Bank Draft payable to the Webb County may be submitted in lieu of the Bid Bond. All such bonds, cashier checks shall be drawn payable to Webb County.

12. PERFORMANCE AND PAYMENT BOND

A Performance Bond is require for construction work if the contract is in excess of \$100,000; and a Payment Bond is require if the construction contract is in excess of \$25,000. The requirement is for all prime contractors which enter into a formal contract with the State, any department, board, agency, municipality, county, school district or any division or subdivision. The failure of the successful bidder/proposer to execute the agreement and supply the required bonds within ten (10) days after the award or within such extended period as Webb County may grant, shall constitute a default and Webb County may, at its option either award the contract to next lowest responsible bidder, or re-advertise for bids/proposals. In either case, Webb County may charge against the bidder the difference between the amount of the bid, and the amount for which a contract is subsequently executed irrespective of whether this difference exceeds the amount of the bid bond. If a more favorable bid is received through re-advertisement, the defaulting bidder shall have no claim against Webb County for a refund.

13. WORKERS' COMPENSATION INSURANCE COVERAGE:

The Workers' Compensation Commission has adopted Rule 110.110 effective with all bids advertised after September 1, 1994. The TWCC has stated that it is aware that a statutory requirement for workers' compensation insurance coverage is not being met. Therefore, Rule 110.110 requires that all bidders be covered under workers' compensation insurance to achieve compliance from both contractor(s) and governmental entities. **Attachment A** is provided in accordance with the requirements on governmental entities. Please read carefully and prepare your bid in full compliance to TWCC Rule 110.110. Failure to provide the required certificates upon submission of a bid could result in your bid being declared non-responsive.

14. REFERENCES:

Webb County requires proposer to supply with this proposal, a list of at least three (3) references where like services have been supplied by their firm. Include name of firm, address, telephone number and name of representative.

15. STATEMENTS:

No oral statement of any person shall modify or otherwise change, or affect the terms conditions, plans and/or specifications stated in the bid/proposal packages.

16. ETHICS:

The proposer shall not accept or offer gifts or anything of value nor enter into any business arrangement with any employee, of the Webb County Purchasing Department.

17. PROPRIETARY INFORMATION:

All materials submitted to the County become public property and are subject to the Texas Open Records Act upon receipt. If a proposer does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary a time of submittal. The County will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

Webb County

Conflict of Interest Disclosure

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of Webb County no later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. The questionnaire may be viewed and printed by following the link before:

By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

The Webb County Officials who come within Chapter 176 of the Local Government Code relating to filing of Conflict of Interest Questionnaire (Form CIQ) include:

1. Webb County Judge Danny Valdez
2. Commissioner Linda Ramirez
3. Commissioner Rosaura "Wawi" Tijerina
4. Commissioner John Galo
5. Commissioner Jaime Canales
6. Judge Joe Lopez, Chairman, 49th Judicial District
7. Judge Becky Palomo, 341st Judicial District
8. Judge Monica Notzon, 111th Judicial District

Please send completed forms to the Webb County Clerk's Office located at 1110 Victoria, Suite 201, Laredo, Texas 78040.

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ****For vendor or other person doing business with local governmental entity**

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 ☐ Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Adopted 06/29/2007

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY
EXCLUSION FOR COVERED CONTRACTS

PART A.

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

☐ Yes

☐ No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

**PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS**

Indicate in the appropriate box which statement applies to the covered potential contractor:

- ☐ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- ☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
--------------------	--------------------------------------	-------------

Signature of Authorized Representative

Date

Printed/Typed Name and Title of
Authorized Representative

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

PART A. PREAMBLE

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

PART B. CERTIFICATION

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?

☐ Yes

☐ No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.

Name of Authorized Representative	Title

Signature – Authorized Representative

Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name _____ owes no delinquent property taxes to Webb County.

_____ owes no property taxes as a business in Webb County.
(Business Name)

_____ owes no property taxes as a resident of Webb County.
(Business Owner)

Person who can attest to the above information

*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas

County of Webb

Before me, a Notary Public, on this day personally appeared _____, know to me (or proved to me on the oath of _____ to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____ 2014.

Notary Public, State of Texas

My commission expires the ____ day of _____ 20__.

(Print name of Notary Public here)

Proposer Information

Name of Proposer: _____

Address: _____

Phone: _____

Email Address: _____

Signature of Person Authorized to Sign Proposer:

Signature

Print Name

Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

(Date)

Note:

All submissions relative to these Proposals shall become the property of Webb County and are nonreturnable.

If any further information is required please call the Webb County Purchasing Agent, Dr. Cecilia May Moreno, at (956)523-4125 or Administrative Assistant, Leticia Gutierrez, at (956)-523-4127.

References

Name of Firm	Address	Phone	Name of Contact

FARMS & RANCHES 77

1,568 A.c. Callaghan Rd.
Large neighbors, low
fences, GREAT HUNTING
Water well & elec. Nice,
blinds & heaters. Reduced

3/2 home
in East Ldo
\$925/mo.
3/3 condo
in North Ldo
\$1,285/mo

CHOO & TUTORS 53

Se solicita persona responsable y con referencias, para cuidar 3 niños menores de 4 años, (956)857-7705

Court has authority in this case to enter any judgment decreed in the child's best

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

52

PHONE M. STOR

FOR A TELEVISION PROGRAMS PRODUCTION

ABLE PERSON
ES/COLLECT
MARKET

RELIABLE
SALES

568 Ac. Callaghan Rd.
Large neighbors, low
prices, GREAT HUNTING!
Water well & elec. Nice
lands & feeders. Reduced

3/2 home
in East Ldo
\$925/mo.
3/3 condo
in North Ldo
\$1,285/mo
(818) 236-1060

SCHOOL & TUTOR 53

solicita persona
nsable y con refer-
para cuidar 3 niños
iores de 4 años,
956)857-7705

and for the division of which will be binding
it has authority in this
enter any judgment
e in the child (an)

main
proper
provide
on you
The C
suit
or dia

